

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		1				
5		1		1		
6		1				
7		1				
8		1		4		
9		2				
10		1				
11		1		4		
12		1				
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50						
TOTAL IND.	12		1			
TOTAL DEP.		13		4		
TOTAL CLAIMS	13		4			

	IND	DEP	IND	DEP	IND	DEP
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